

<i>SERFF Tracking Number:</i>	<i>MRKB-125606841</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Markel American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>0803FF025</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Capital Assets</i>		
<i>Project Name/Number:</i>	<i>Capital Assets Forms and Rules/0803RF025</i>		

Filing at a Glance

Companies: Markel American Insurance Company, Markel Insurance Company

Product Name: Capital Assets	SERFF Tr Num: MRKB-125606841	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: 0803FF025	State Status: Fees verified and received
Filing Type: Form	Co Status: Sent to DOI for Approval	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Wilfredo Mejia	Disposition Date: 04/21/2008
	Date Submitted: 04/15/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008		Effective Date (Renewal): 07/01/2008

State Filing Description:

General Information

Project Name: Capital Assets Forms and Rules	Status of Filing in Domicile: Pending
Project Number: 0803RF025	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 04/21/2008	
State Status Changed: 04/21/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Markel Insurance Company and Markel American Insurance Company wish to file the enclosed new independent forms. The corresponding form and rating rules have been deskfiled under our company file # 083RR025.

We have summarized the proposed changes in the attached Filing Memorandum.

SERFF Tracking Number: MRKB-125606841 State: Arkansas
 First Filing Company: Markel American Insurance Company, ... State Tracking Number: EFT \$100
 Company Tracking Number: 0803FF025
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: Capital Assets
 Project Name/Number: Capital Assets Forms and Rules/0803RF025

Company and Contact

Filing Contact Information

Wilfredo Mejia, Regulatory Compliance wmejia@markelcorp.com
 Specialist
 4600 Cox Road (800) 431-1270 [Phone]
 Glen Allen, VA 23060 (804) 527-7900[FAX]

Filing Company Information

Markel American Insurance Company CoCode: 28932 State of Domicile: Virginia
 4600 Cox Road Group Code: 785 Company Type: Commercial
 Property & Casualty
 Glen Allen, VA 23060 Group Name: State ID Number:
 (800) 431-1270 ext. [Phone] FEIN Number: 54-1398877

Markel Insurance Company CoCode: 38970 State of Domicile: Illinois
 4600 Cox Road Group Code: 785 Company Type: Commercial
 Property & Casualty
 Glen Allen, VA 23060 Group Name: State ID Number:
 (800) 431-1270 ext. [Phone] FEIN Number: 36-3101262

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: 2 companies at \$50.00 per company
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Markel American Insurance Company	\$0.00	04/15/2008	
Markel Insurance Company	\$100.00	04/15/2008	19577100

SERFF Tracking Number:	MRKB-125606841	State:	Arkansas
First Filing Company:	Markel American Insurance Company, ...	State Tracking Number:	EFT \$100
Company Tracking Number:	0803FF025		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	Capital Assets		
Project Name/Number:	Capital Assets Forms and Rules/0803RF025		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/21/2008	04/21/2008

<i>SERFF Tracking Number:</i>	<i>MRKB-125606841</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Markel American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>0803FF025</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Capital Assets</i>		
<i>Project Name/Number:</i>	<i>Capital Assets Forms and Rules/0803RF025</i>		

Disposition

Disposition Date: 04/21/2008
Effective Date (New): 07/01/2008
Effective Date (Renewal): 07/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: MRKB-125606841 State: Arkansas

First Filing Company: Markel American Insurance Company, ... State Tracking Number: EFT \$100

Company Tracking Number: 0803FF025

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: Capital Assets

Project Name/Number: Capital Assets Forms and Rules/0803RF025

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	BUSINESS INCOME CHANGES - "COMMUNICABLE DISEASE" AND "FOOD CONTAMINATION" EXTENSION	Approved	Yes
Form	ELECTRONIC DATA	Approved	Yes
Form	GUEST INCONVENIENCE EXPENSE	Approved	Yes
Form	INCREASED LIMITS FOR TREES, SHRUBS, AND PLANTS	Approved	Yes

SERFF Tracking Number: MRKB-125606841 State: Arkansas

First Filing Company: Markel American Insurance Company, ... State Tracking Number: EFT \$100

Company Tracking Number: 0803FF025

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: Capital Assets

Project Name/Number: Capital Assets Forms and Rules/0803RF025

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	BUSINESS INCOME CHANGES - "COMMUNICABLE DISEASE" AND "FOOD CONTAMINATION" EXTENSION	MOP 008	(02/08)	Endorsement/New Amendment/Conditions		0.00	MOP00808.pdf
Approved	ELECTRONIC DATA	MOP 009	(02/08)	Endorsement/New Amendment/Conditions		0.00	MOP00908.pdf
Approved	GUEST INCONVENIENCE EXPENSE	MOP 010	(02/08)	Endorsement/New Amendment/Conditions		0.00	MOP01008.pdf
Approved	INCREASED LIMITS FOR TREES, SHRUBS, AND PLANTS	MOP 011	(02/08)	Endorsement/New Amendment/Conditions		0.00	MOP01108.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS INCOME CHANGES - "COMMUNICABLE DISEASE" AND "FOOD CONTAMINATION" EXTENSION

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM COVERAGE FORM (OUTPUT POLICY)

SCHEDULE

LIMITS OF INSURANCE

\$_____ per occurrence

\$_____ Aggregate Limit

- I.** The following is added to **A. Coverage, 7. Business Income and Extra Expense, d. Additional Coverages:**

We will pay for the actual loss of Business Income you sustain as a result of having your entire "operations" temporarily shut down or suspended by an order from any local, state, or federal Department of Health having jurisdiction over your "operations." Such shutdown must be the direct result of an outbreak at the insured premises of a "communicable disease" such as, but not limited to, Meningitis, Measles, or Legionnaire's Disease, or to a "food contamination" caused directly by infectious or bacterial organisms such as, but not limited to, infectious Hepatitis, E. Coli bacteria, or Salmonella. An actual business shutdown must occur.

- II.** **LIMIT OF INSURANCE**

The most we will pay for loss or damage per occurrence is the limit shown in the SCHEDULE per occurrence.

- III.** **AGGREGATE LIMIT**

The most we will pay under this coverage regardless of the number of occurrences during a policy year is the limit shown in the SCHEDULE for Aggregate Limit. This Aggregate Limit applies separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations.

- IV.** As respects this Extension Endorsement, the following is added as a Covered Cause of Loss:

A Covered Cause of Loss is an outbreak at the insured premises described in the Declarations of a "communicable disease" or a "food contamination" caused directly by infectious or bacterial organisms, or infestation by animals transmitting the rabies virus either of which causes illness and results in an order from a local, state or federal Department of Health to temporarily shut down or suspend your entire "operations".

V. As respects a loss under this endorsement, the following is added as a Coverage Extension:

We will pay any Extra Expense:

- (a) To clean your equipment per jurisdictional Board of Health requirements;
- (b) To replace consumable goods declared contaminated by the jurisdictional Board of Health;
- (c) To administer necessary medical tests and vaccines for affected employees as required by the Board of Health or other government body;
- (d) To reimburse infected patrons for necessary doctors' care, hospitalization and blood work; and
- (e) To include extra advertising costs to restore your business reputation, beginning 72 hours after the appropriate jurisdictional body shuts down or suspends your "operations" and ending within 30 days after the governing body certifies that the described premises are habitable and may reopen as fully or partially operational.

The most we will pay for the total of the above expenses in **(V)** above is \$5,000.

VI. The definition of "Period of Restoration" is replaced by the following as respects coverage provided by this endorsement:

"Period of Restoration" means the period of time that:

- a. Begins 72 hours after the jurisdictional Department of Health closes your "operations" and your premises are evacuated due to illness caused by an outbreak of a "communicable disease" or "food contamination"; and
- b. Ends on the earlier of:
 - (1) The day before your "operations" resume, either fully or partially; or
 - (2) The day the jurisdictional Department of Health certifies that your premises are habitable and may reopen as fully or partially operational.

"Period of Restoration" does not include any increased period required due to the enforcement of any ordinance or law that:

- a. Regulates the construction, use or repair, or requires the tearing down of any property; or
- b. Requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants" as defined herein.

The expiration date of this policy will not cut short the "Period of Restoration".

VII. The Additional Coverages - Extended Business Income, Paragraph **7.d.(3)** is deleted as respects this endorsement.

VIII. As respects this endorsement only, the definition of "Pollutants" is replaced by the following:

"Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapors, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed. "Pollutants" does not include outbreaks of infectious diseases or "food contamination", such as Salmonella, E. Coli or infectious Hepatitis, any of which results in illness.

IX. As respects this endorsement, the following definitions are added:

1. "Communicable Disease" is an illness, sickness, condition or an interruption or disorder of body functions, systems or organs that is transmissible by infection or contagion directly through human contact or contact with human fluids, waste or similar agent.
2. "Food Contamination" means the rendering of food as impure, unsuitable, unhealthy or inferior as the result of the introduction of infectious or bacterial organisms. The contamination may be present in food purchased by your or result from contact with one or more of your infected employees.

X. All conditions, definitions and exclusions applicable to Business Income and related endorsements not in conflict with those herein apply to this coverage. However, Exclusion of Loss Due to Virus or Bacteria does not apply to coverage under this endorsement. The inapplicability of the Exclusion of Loss Due to Virus or Bacteria to a particular loss does not serve to create coverage for any loss that would otherwise be excluded under this Coverage part or Policy.

All other terms and conditions remain the same.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ELECTRONIC DATA

This endorsement modifies insurance under the following:

CAPITAL ASSETS PROGRAM COVERAGE FORM (OUTPUT POLICY)

SCHEDULE

Limits

\$_____ per Scheduled Location; or

\$_____ blanket "electronic data" limit

Paragraph **A.3.i.(3)** is deleted in its entirety and replaced by the following:

The Limit(s) of Insurance shown in this Endorsement are separate from, and will not reduce the Limit of Insurance shown in the Declarations or the Scheduled Location endorsement as applicable to the Covered Property.

- 3.** The most we will pay under this Coverage - Electronic Data is the limit shown in the SCHEDULE of this form per Scheduled Location or blanket "electronic data" limit for all loss or damage sustained in any one policy year, regardless of the number of occurrences of loss or damage or computer systems involved. If loss payment on the first occurrence does not exhaust this amount, then the balance is available for subsequent loss or damage sustained in but not after that policy year. With respect to an occurrence which begins in one policy year and continues or results in additional loss or damage in a subsequent policy year(s), all loss or damage is deemed to be sustained in the policy year in which the occurrence began.

All other terms and conditions remain the same.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GUEST INCONVENIENCE EXPENSE

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM COVERAGE FORM (OUTPUT POLICY)

Limits	Deductible
\$_____ each Guest per Day	\$_____ per Occurrence
\$_____ maximum each Occurrence	

The following is added to **A.,3. Additional Coverages:**

1. We will pay for "Guest Inconvenience Expense" caused by direct physical loss or damage to Covered Property at the described premises by a Covered Cause of Loss, up to the limits shown above.

As respects this endorsement, **Guest Inconvenience Expense** means the expenses incurred by your paying guests for whom prearranged hotel accommodations at the described premises cannot be honored. These expenses are as follows:

- a. Extra expenses incurred to secure and use other comparable lodging accommodations of a type as close as possible to the described premises;
 - b. Extra expenses incurred while traveling from the described premises to a premises where the comparable accommodations are secured; and
 - c. Prepaid amounts spent for activities away from the described premises which are lost because other accommodations within 60 miles from the described premises are unavailable.
2. We will pay for **Guest Inconvenience Expense** incurred for the period of time:
 - a. Beginning on the later of the following dates the paying guest's prearranged accommodations at the described premises are:
 - (1) Scheduled to begin, but cannot begin; or
 - (2) Interrupted
- due to loss or damage to the Covered Property by a Covered Cause of Loss; and

- b.** Ending on the earliest of the following dates:
- (1)** The date the paying guest's prearranged accommodations at the described premises are scheduled to end;
 - (2)** The date the damaged property at the described premises should be repaired, rebuilt or replaced with reasonable speed and with similar quality;
 - (3)** The date the damaged property at the described premises is actually repaired, rebuilt or replaced; or
 - (4)** 14 days after the date determined in a. above.
- c.** We will only pay for **Guest Inconvenience Expense** that exceeds \$500 in any one occurrence. We will then pay the actual amount of **Guest Inconvenience Expense** up to the limits shown in the schedule of this endorsement.

The limits applicable to this Additional Coverage are in addition to the limits of insurance shown on the Declarations of this policy.

All other terms and conditions remain the same.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCREASED LIMITS FOR TREES, SHRUBS, AND PLANTS

This endorsement modifies insurance under the following:

CAPITAL ASSETS PROGRAM COVERAGE FORM (OUTPUT POLICY)

SCHEDULE

Limits

\$_____ per occurrence

\$_____ per tree, shrub, or plant

The last paragraph in **A.3.h. Trees, Shrubs And Plants** is deleted in its entirety and replaced by the following:

The most we will pay for loss or damage under this Additional Coverage is the Limit shown in the SCHEDULE per occurrence but not more than the Limit shown per tree, shrub or plant shown in the SCHEDULE. These limits apply regardless of the types or number of items lost or damaged in that occurrence.

All other terms and conditions remain the same.

<i>SERFF Tracking Number:</i>	<i>MRKB-125606841</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Markel American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>0803FF025</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Capital Assets</i>		
<i>Project Name/Number:</i>	<i>Capital Assets Forms and Rules/0803RF025</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MRKB-125606841 State: Arkansas
First Filing Company: Markel American Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: 0803FF025
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Capital Assets
Project Name/Number: Capital Assets Forms and Rules/0803RF025

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 04/21/2008
Comments:
Attachment:
NAIC PCTD.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 04/21/2008
Comments:
Attachment:
Cover Letter.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 04/21/2008
Comments:
Attachment:
Filing Memorandum.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---


3. Group Name	Group NAIC #
Markel	785

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Markel Insurance Company	Illinois	38970	36-3101262	
Markel American Insurance Company	Virginia	28932	54-1398877	

5. Company Tracking Number	0803FF025
-----------------------------------	------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Deidre Balbuena 4600 Cox Road Glen Allen VA 23060	VP-Product & Regulatory Services	1-800-431-1270 ext 7941	804-527-7900	wmejia@markelcorp.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Deidre Balbuena

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Property
10. Sub-Type of Insurance (Sub-TOI)	Capital Assets – Output Policy
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 07-01-2008 Renewal: 07-01-2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	04-15-2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	0803FF025
------------	--	-----------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

Markel Insurance Company and Markel American Insurance Company wish to file the enclosed new independent forms and corresponding rates and rules as an enhancement to our Capital Assets (Output Policy) lines of business.

Please refer to our filing memorandum, which summarizes the proposed changes in our filing.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: N/A - EFT Amount: \$100.00 (2 companies at \$50 per company) </div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



MARKEL CORPORATION

4600 Cox Road Glen Allen, Virginia 23060-9817 P.O. Box 3870, Glen Allen, Virginia 23058-3870
(804) 527-2700 (800) 431-1270 www.markelinsurance.com

April 15, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: Markel Insurance Company, NAIC #785-38970
Markel American Insurance Company 785-28932
Capital Assets (Output Policy) – Independent Forms
Co File # 0803FF025

Honorable Bowman:

Markel Insurance Company and Markel American Insurance Company wish to file the enclosed new independent forms. The corresponding rate and rule filing is being desk filed under filing #0803RR025.

We have summarized the proposed changes in the attached Filing Memorandum.

We trust you will find this submission in order. We wish to utilize this filing for all policies effective on or after July 1, 2008. Should you have any questions regarding this filing, please contact Meiji Mejia by phone at (800) 431-1270, ext 7621, by mail at the above address or by e-mail at wmejia@markelcorp.com.

Sincerely,

Deidre I. Balbuena
Vice President
Product & Regulatory Services

**Markel Insurance Company
Markel American Insurance Company
Capital Assets Program (Output Policy)**

Explanatory Memorandum

Markel Insurance Company and Markel American Insurance Company are introducing the following endorsements to expand the coverage limits and options of the Capital Assets Program Coverage Form (Output Policy). These forms will be used to modify the ISO Capital Assets Program Coverage Form. Please note that the corresponding rates and rules are being submitted under separate cover.

- **MOP008 (02/08)** *Business Income Changes – “Communicable Disease” and “Food Contamination” Extension* is an optional form designed to provide coverage to policyholders that serve food as a part of their operations. The form provides options for the insured to select the appropriate amount of coverage for their needs. This form is similar to our current property form MCP011 which is used in conjunction with the ISO Commercial Property Coverage Part.

This new coverage enhances the Business Income coverage and provides coverage when a shutdown of the insured’s entire operations caused by Food Contamination or Communicable Disease is declared by the Board of Health or other governmental body. We will pay up to \$50,000 for loss of business income and up to \$5,000 for additional coverages such as the cost to clean equipment, replace consumable goods declared contaminated, necessary medical tests for affected employees, to reimburse infected patrons for necessary doctors care and extra advertising costs to restore the insured’s business reputation. The definition of Period of Restoration as respects this coverage, has been amended to begin 72 hours after the shutdown occurs. Refer to manual page **MC-CAP-CWR-RR-8** for the rating rules.

- **MOP009 (02/08)** *Electronic Data* provides a mechanism to increase the coverage limit from that provided in the Capital Assets Program Coverage Form. Rating for this coverage will use ISO’s Deficiency Point Category I in Table 51.B.3. Deficiency Point Characteristic Schedule. Refer to manual page **MC-CAP-CWR-RR-6** for the rating rules.
- **MOP010 (02/08)** *Guest Inconvenience Expense* provides coverage for expenses a guest incurs when prearranged hotel accommodations cannot be honored. Such expenses that the insured may be obligated to cover are an increase in cost to secure other comparable lodging, travel expenses to get to the comparable lodging and the cost of planned activities that may have to be cancelled due to the new location of accommodations. The base limits applicable to this endorsement are \$100 per each guest per day with a \$25,000 maximum for each occurrence. These limits may be increased for an additional charge. Refer to manual page **MC-CAP-CWR-RR-7** for

the rating rules. This form is similar to our current property form MCP035 which is used in conjunction with the ISO Commercial Property Coverage Part.

- **MOP011 (02/08)** *Increased Limits for Trees, Shrubs, and Plants* provides a mechanism to increase the coverage for that provided in the Capital Assets Program Coverage Form. Rating for this coverage will use ISO's Deficiency Point Category I in Table 51.B.3. Deficiency Point Characteristic Schedule. Refer to manual page **MC-CAP-CWR-RR-6** for the rating rules.